

TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

Volume 5, Issue 10

October 2014

Upcoming Events

EMS Commission meeting
October 17, 10 a.m. TBD

Indiana State Trauma Care Committee meeting
November 14, 10 a.m. Rice Auditorium

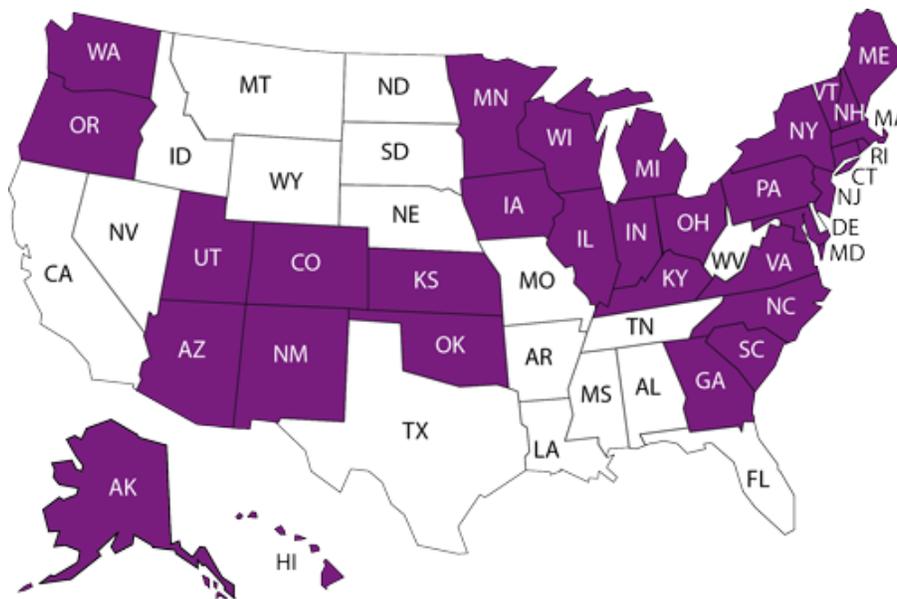
Indiana Injury Prevention Advisory Council meeting
November 20, 1 p.m. Rice Auditorium

In this Issue:

- Indiana State Department of Health Trauma and Injury Prevention Program Wins Federal Grant Award
- Social media #SafetyIN
- Traumatic Spinal Cord Injuries Lead to Extensive Inpatient Rehabilitation
- Indiana's Traumatic Brain Injury Model System
- 2nd Annual Ortho Trauma Symposium, November 7
- American College of Surgeons Changes Site Visit Process
- 2014 Prescription Drug Abuse Symposium, October 16-17
- IPAC Works on State Plan and Conference
- Fire Prevention Week, October 5-11
- October is National Bullying Prevention month
- Trauma Registry Rule—update
- Eskenazi's 21st Annual Trauma Symposium, October 24
- Trauma Staffing Changes

Indiana State Department of Health Wins Federal Grant Award

The Indiana State Department of Health (ISDH) has received \$1.4 million from the Centers for Disease Control and Prevention (CDC) to gather critical data on violent deaths using the National Violent Death Reporting System (NVDRS). The grant to ISDH runs for five years. Indiana is one of 32 states to receive funds for this program.



Continued on page 2.

Indiana State Department of Health Wins Federal Grant Award (cont'd)

NVDRS helps state and local officials understand when and how violent deaths occur by linking data from law enforcement, coroners and medical examiners, vital statistics and crime laboratories. Using these data, public health practitioners and violence prevention professionals can develop tailored prevention and intervention efforts to reduce violent deaths.

“To stop violent deaths, we must first understand all the facts,” said State Health Commissioner William VanNess, M.D. “NVDRS will provide a more complete picture of homicides, suicides and other unintentional deaths from firearms in Indiana. Knowing the circumstances of violent deaths will help identify the right prevention efforts and put them in place.”

NVDRS provides details on demographics (age, income, education), method of injury, the relationship between the victim and the suspect and information about circumstances such as depression, financial stressors, or relationship problems. It is the only data system for homicide that collects information from sources outside of law enforcement and that has the capacity to link hospital and other health records.

“More than 55,000 Americans died because of homicide or suicide in 2011 — that’s an average of more than six people dying a violent death every hour.” said Daniel M. Sosin, M.D., M.P.H., F.A.C.P., acting director of CDC’s National Center for Injury Prevention and Control. “This is disheartening and we know many of these deaths can be prevented. Participating states will be better able to use state-level data to develop, implement, and evaluate prevention and intervention efforts to stop violent deaths.”

The Indiana Violent Death Reporting System (INVDRS) will gather vital records data, law enforcement records, and coroner reports into one central web-based registry in order to better understand the circumstances of violent deaths, including homicides, suicides, undetermined intent deaths and unintentional firearm deaths. Indiana observed 1,361 violent deaths in 2010, of which nearly 64 percent were suicides and 23 percent were homicides.

Indiana’s use of NVDRS is part of CDC’s expansion of the system from 18 to 32 participating states. The 32 states participating in NVDRS include Alaska, Arizona*, Colorado, Connecticut*, Georgia, Hawaii*, Illinois*, Indiana*, Iowa*, Kansas*, Kentucky, Maine*, Maryland, Massachusetts, Michigan, Minnesota*, North Carolina, New Hampshire*, New Jersey, New Mexico, New York*, Ohio, Oklahoma, Oregon, Pennsylvania*, Rhode Island, South Carolina, Utah, Vermont*, Virginia, Washington*, and Wisconsin. (*indicates new states)

For more information about NVDRS, visit: www.cdc.gov/violenceprevention/nvdrs.



Social Media #SafetyIN

The Division of Trauma and Injury Prevention is now utilizing social media. Find safety tips and other information on the ISDH’s Facebook Page and Twitter (@StateHealthIN). The Division is using the hashtag #SafetyIN for all Facebook and Twitter posts.



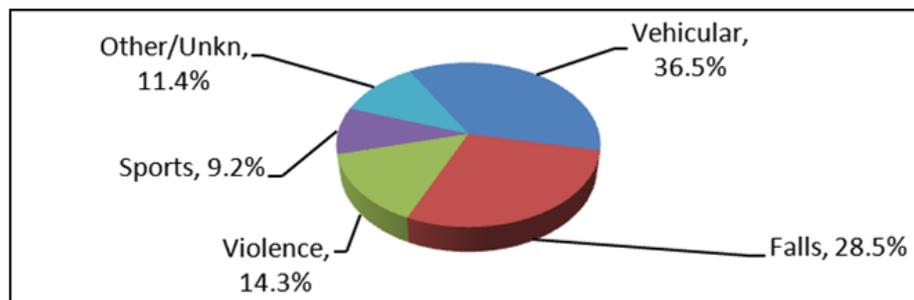
Traumatic Spinal Cord Injuries Lead to Extensive Inpatient Rehabilitation

Written by: Dr. Katherine Stenson, Medical Director, Rehabilitation Hospital of Indiana SCI Program
Annette Seabrook, MPT, FACHE, Chair, Indiana Rehab Task Force of Indiana Hospital Association and Program Director,
Inpatient Rehabilitation Center at Franciscan St. Francis Health

A traumatic SCI is a life-changing event and many individuals will require inpatient rehabilitation as well as extensive outpatient/lifelong programs to maximize their independence. The American Spinal Injury Association (ASIA) scoring is utilized to determine injury level and completeness and to monitor neurologic recovery. Rehabilitation addresses the areas that are impacted including, but not limited to, voluntary movement; sensation; autonomic function; respiratory function; mobility; self-care and bowel/bladder and sexual function. It is recommended that a SCI rehab program include home assessments, wheelchair seating and positioning, equipment prescription, psychology services (coping and adjustment), peer visitation, spasticity management and education/training in preventing secondary complications.

The database for the National Spinal Cord Injury Model Systems (NSCIMS) reports that (since 2010) 36.5 percent of spinal cord injuries (SCI) are the result of a motor vehicle crash. Other causes include falls (28.5 percent), violence (14.3 percent) and sports (9.2 percent).

The average age is now 42.6 years old. NSCIMS also reports that "since 2010, the most frequent neurological category is incomplete tetraplegia (40.6 percent) followed



by incomplete paraplegia (18.7 percent), complete paraplegia (18 percent) and complete tetraplegia (11.6 percent). Less than 1 percent experience complete recovery neurologically by discharge from the hospital." Average acute care stays have declined to 11 days and days in rehab have declined to an average of 22-24 days. Depending on the level of injury, the estimated lifetime costs (in 2013 dollars) for someone injured at 25 years old is between \$1.5 and \$4.6 million. The greatest impact on reduced life expectancy is now pneumonia and septicemia.

Rehabilitation Hospital of Indiana (RHI) is the only facility in Indiana that is accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) in the specialty area of SCI. Katherine Stenson, M.D., medical director of RHI's SCI program and fellowship trained and subspecialty boarded in SCI, feels that it is extremely important for individuals with SCI to get a high level of medical oversight, therapy, and specialized education as soon as possible after SCI in *acute* inpatient rehabilitation (not subacute). "The knowledge and training gained in the acute rehab phase sets the groundwork for one's health and wellbeing immediately as well as for successfully adjusting to and living with a SCI over the long term. Without this specific training early on, there is a higher risk for complications from SCI that can be quite devastating. And each one of these complications is preventable with the proper care and teaching," said Dr. Stenson. RHI has also partnered with neurosurgery in pharmaceutical research on a novel acute intervention in this population and Dr. Stenson has recently received funding to study obesity and diabetes prevention in individuals with paraplegia.

Traumatic Spinal Cord Injuries Lead to Extensive Inpatient Rehabilitation

Family and caregivers will need to be extensively involved in the rehab process, so location is a factor; however, the expertise of the professionals at the facility should be the most important deciding factor in where rehabilitation is carried out. Unless there is a complicated weight-bearing status, wound, or vent weaning that would impact the individual's ability to participate in rehabilitation, the patient should receive rehabilitation in an acute rehabilitation setting. Additional barriers to inpatient rehabilitation may include financial constraints (lack of coverage for rehabilitation but also equipment and post-discharge needs) or lack of adequate support/discharge plan as most individuals require some level of physical assistance initially post-discharge from rehabilitation.

Indiana's Traumatic Brain Injury Model System

Written by Susan Hartlerode, MS, CCC-SLP, CBIS;im Graham; and Jim Malec, PhD Rehabilitation Hospital of Indiana and IUSM Department of Physical Medicine and Rehabilitation.

For nearly two years, the partnership of Indiana University School of Medicine (IUSM) and the Rehabilitation Hospital of Indiana (RHI) has been one of sixteen rehabilitation centers designated as a Traumatic Brain Injury (TBI) Model System site. This designation has allowed RHI/IUSM physicians, researchers and clinical staff to collaborate with other national leaders in brain injury care and research.

For TBI, RHI offers an interdisciplinary approach of physicians, other clinicians, and researchers specializing and credentialed in working with individuals who have a TBI including those with disorders of consciousness.

This team consists of neuropsychologists, physiatrists, physical therapists, occupational therapists, speech and language pathologists and nurses.



The TBI Model Systems began in 1987 through grants from the United States Department of Education and the National Institute on Disability Rehabilitation and Research (NIDRR) and is a network of the leading centers in medical rehabilitation research and patient care that focus on tracking and improving recovery of individuals with TBI. Sites selected to be a part of the TBI Model Systems provide a continuum of care from the initial onset of injury through return to community and work. Grants are awarded to facilities in five year cycles.

Each Model System like RHI/IUSM collects data to be entered into a longitudinal national database managed by the Traumatic Brain Injury Model Systems National Data and Statistical Center at Craig Hospital in Englewood, Colorado. Data on long term outcomes for individuals with TBI has been collected through the TBI Model Systems for over 25 years. Participation in this national database allows RHI to follow its patients with TBI over the long term. In addition to contributing to this longitudinal database, each TBI Model System center pilots its own studies. Currently, the Indiana TBI Model System at RHI is studying the effect of irritability and aggression following TBI through a research initiative called the Brain Research in Irritability and Aggression Network (BRAIN). BRAIN researchers are developing methods to better understand and reduce the negative impact of irritability and aggression on those with TBI and their families. It is estimated that 29-71 percent of those with TBI have irritability and aggression that negatively impacts social interactions and employment.

(Continued on page 5)

Indiana Traumatic Brain Injury Model System, Cont'd

Clinical staff at RHI benefit from the TBI Model System designation in numerous ways. Each year, RHI staff attends an annual leadership conference in which they are able to collaborate with other national leaders in TBI rehabilitation. RHI clinicians have the opportunity to discuss best practice diagnostic and treatment plans, analyze cutting edge therapeutic equipment and materials, and gain insight into the practices of the leading brain injury specialists in the country. For example, RHI staff learned the benefit of a car transfer simulator and has implemented a *TRAN-SIT® Car Transfer Simulator* in which patients can practice safe car transfers from the convenience of the therapy gym without regard to weather conditions. Also, once a month, TBI clinicians from RHI participate in teleconference meetings in which they are able to discuss pertinent topics related to rehabilitative care of patients with TBI.

The entire TBI staff at RHI are proud to be recognized as part of the TBI Model Systems and assume the responsibility of this recognition by continuing to offer the highest level of rehabilitation services in Indiana. In the words of Dr. Daniel B. Woloszyn, CEO and Clinical Neuropsychologist at RHI: "As the sole traumatic brain injury model system site in the state of Indiana, this award further validates best practice in rehabilitation care. It is comforting for RHI patients, acute care hospital physicians, and the Indianapolis community to know that patients with brain injuries, those sustaining strokes, spinal cord injuries, multiple trauma and other injuries or illnesses have available to them outstanding rehabilitation professionals at the Rehabilitation Hospital of Indiana and Indiana University School of Medicine."

2nd Annual Ortho Trauma Symposium, November 7

The Indiana University Health Methodist Orthopedic Trauma Service will hold its 2nd Annual Ortho Trauma Symposium November 7 at the Indiana Convention Center in Indianapolis.

Greg Osgood, M.D. will be the Symposium's keynote speaker. He is an assistant professor of orthopaedic surgery at the Johns Hopkins School of Medicine. His areas of expertise include orthopaedic trauma, with a special focus on fracture non-unions, pelvis and acetabular injuries, and fractures and surgical infections.

This activity has been approved for 7.5 AMA PRA Category 1 Credits by Ball State University School of Medicine. The meeting is intended for caregivers from first responders through rehab therapists. The meeting features nationally recognized faculty from IU Health System as well as other renowned trauma centers throughout the country. The meeting includes breakfast, lunch, and a cocktail reception. There will also be an Exhibition Hall with the latest technology from vendors supporting the event.

Please use the following link to register for the event - www.iuhealth.org/ots There is a 10 percent early bird registration discount before October 14. If you have any questions please contact: Beth Thompson (ethompson1@iuhealth.org).



American College of Surgeons Changes Site Visit Process

The American College of Surgeons Committee on Trauma consultation/verification program verifies the presence of the resources listed in the current edition of the document *Resources for Optimal Care of the Injured Patient*. This is a voluntary process, which includes a report outlining the site visit findings, and if applicants are successful, a certificate of verification is issued.

Site visit applications must return completed site visit application 12 months in advance to preferred timeframe. The ACS is no longer accepting site visit applications to be scheduled for 2014 and January–May 2015. Visits scheduled prior to July 1, 2015 will be reviewed by the Resources 2006 manual (Green Book). Visits scheduled after July 1, 2015 will be reviewed by the Resources 2014 manual (Orange Book) and are required to contact the VRC office for further directions and information. There will be a rate increase for visits that occur after this date. Questions or concerns about the application process may be directed to the trauma verification office at 312-202-5134 or by email at Anita.johnson@facs.org. For more information, visit: <https://www.facs.org/quality-programs/trauma/vrc/site-packet>

2014 Prescription Drug Abuse Symposium, October 16 -17

The 2014 Prescription Drug Abuse Symposium: Reversing the Tide of Opioid Abuse will be held October 16-17 at the Westin Hotel, in downtown Indianapolis. The symposium will have Continuing Education credits, including: CME, CLE, CEUs for Mental Health & Addiction Treatment Professionals, State Board of Pharmacy credits, and LETBs for Law Enforcement. To register for the event, visit: <http://www.eventbrite.com/e/5th-annual-prescription-drug-abuse-symposium-tickets-12006548911>

Injury Prevention Advisory Council State Plan and Conference

The Injury Prevention Advisory Council (IPAC) works to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. IPAC meets quarterly to network and learn more about injury prevention. Currently, IPAC is drafting a state injury prevention plan and will host an injury prevention conference in 2015. Jessica Skiba, ISDH injury prevention epidemiologist, currently sends all interested partners bi-weekly email updates with important injury prevention articles, news, and resources.

The IPAC Terms of Reference were approved at the September 10 meeting, and Lisa Davis, American Foundation for Suicide Prevention Indiana Chapter Chair, gave a presentation for National Suicide Prevention week and World Suicide Prevention day.

The last meeting of the year will be Thursday, November 20 from 1 p.m.-3 p.m. EST. The 2015 meetings will be from 1 p.m. –3 p.m. in Rice Auditorium on the following days:

- Thursday, March 12, 2015
- Thursday, June 18, 2015
- Thursday, Sept. 17, 2015
- Thursday, Dec. 10, 2015

For those who are working in injury prevention and have an interest in creating a safe and injury-free Indiana are welcome to join IPAC.

If you are interested in becoming a member of IPAC or would like more information about IPAC, contact Jessica Skiba at jskiba@isdh.in.gov or at 317-233-7716.

Fire Prevention Week, October 5-11

October 5-11 is the 92nd annual Fire Prevention Week, hosted by the National Fire Protection Association (NFPA). The 2014 campaign theme is "Smoke Alarms Save Lives: Test Yours Every Month." According to the latest NFPA research, working smoke alarms cut in



half the chance of dying in a fire. The NFPA offers these fast facts for smoke alarms:

- Almost three of five (60 percent) reported home fire deaths in 2007 to 2011 occurred in homes with no smoke alarms or no working smoke alarms.
- In fires considered large enough to activate the smoke alarm, hardwired alarms operated 93 percent of the time, while battery powered alarms operated only 79 percent of the time.
- When smoke alarms fail to operate, it is usually because batteries are missing, disconnected, or dead.
- An ionization smoke alarm is generally more responsive to flaming fires and a photoelectric smoke alarm is generally more responsive to smoldering fires. For the best protection, or where extra time is needed, to awaken or assist others, both types of alarms, or combination ionization and photoelectric alarms are recommended.

For more information, visit: <http://www.nfpa.org/safety-information/fire-prevention-week>

October is National Bullying Prevention Month

October is National Bullying Prevention Month. The Parent Advocacy Coalition for Education Rights (PACER) National Center for Bullying Prevention's 2014 campaign theme is "The End of Bullying Begins with Me." The campaign includes activities, education, and awareness for bullying prevention. While bullying was once thought to be a "childhood right of passage," the effects of bullying can be devastating, including school avoidance, loss of self-esteem, increased anxiety and depression.

PACER created the campaign in 2006 to encourage everyone to take an active role in preventing bullying. Unity Day is Wednesday, October 22, when everyone can come together—in schools, communities, and online—and send one large orange message of support, hope, and unity.

For more information about National Bullying Prevention Month, visit: <http://www.pacer.org/bullying/nbpm/>



Trauma Registry Rule EMS—update

The Trauma Registry rule, signed into law by Governor Pence last October, requires all EMS transport providers, hospitals with emergency departments and the State’s seven rehabilitation hospitals to report trauma cases to the ISDH trauma registry. The rule has been effective since November 24. The following EMS services have submitted data to the Indiana Trauma Registry:

A&A Township VFD	Gaston VFD
Aboite Township VFD	Gibson County EMS
Adams County EMS	Goshen FD
Adams Markleville Fire Protection Territory	Grace on Wings Inc
Air Methods Corporation / UCAN	Grant County EMS
Air Methods—Kentucky	Greenfield FD
Albany EMS	Harrison County
Alcoa EMS Warrick	Hoagland EMS
Alexandria FD	Hobart FD
American Medical Response (AMR)	Honey Creek FD
Argos Community Ambulance Services	Huntertown VFD
Batesville Volunteer Fire & Rescue Department	Indiana Collegiate EMS
Boone County EMS	Indiana University Health Bedford
Burns Harbor FD	Indiana University Health-Indianapolis
Care Ambulance Service	Indiana University Health-Paoli
Carlisle Lions Community Ambulance	Indianapolis Emergency
Carroll County EMS	Jay County EMS
City of Gary FD	Jefferson Center/Whitley County VFD
City of Lawrence FD	Jefferson Township Ambulance
City of Nappanee EMS	Kenner Township EMS
City of Rushville FD	King’s Daughters’ Health
Columbus Regional	Knox County EMS
Culberson Ambulance Service	Lake Hills VFD
Decatur Township FD	Lake of the Four Seasons Fire Force
DeKalb EMS	Lakeshore EMS
Delaware County/Muncie EMS	LaPorte County EMS
Dublin VFD Inc.	Lutheran Hospital-Fort Wayne
Eli Lilly and Company	Madison Township VFD
Fayette County EMS	Marion General Hospital
Fishers FD	Medic On-Site Services
Fountain County Ambulance	Memorial Hospital Ambulance
Franklin County EMS	Midwest Ambulance Services
Fulton County EMS	Milan Rescue 30
Gas City Rescue Squad	Mittal Steel Indiana-Hammond

Trauma Registry Rule EMS—update

Monticello FD	Southwest Medical Services
Moral Township VFD	Spencer County Emergency
Morgan County Emergency	St. Joseph Township FD
Multi-Township EMS	St. Mary's Lifeflight
New Carlisle Area Ambulance	St. Mary's Warrick EMS
New Castle/Henry County	Steuben County EMS
New Washington VFD	Sugar Creek Township FD
Newton County EMS	Sullivan County Ambulance
Noblesville FD	Sullivan FD
North East Allen County	Sunman Area Life Squad
North Webster/Tippecanoe	Superior Air-Ground Ambulance Services (Highland)
Osolo Emergency Medical Services	Superior Air-Ground Ambulance Services (Elmhurst)
Parkview Huntington Hospital	Terre Haute FD
Parkview LaGrange Hospital	The Methodist Hospital
Parkview Noble Hospital	Three Rivers Ambulance
Parkview Regional Medical Center	Thunderbird Fire Protection
Perry County Memorial	Tippecanoe Emergency
Pike County EMS	Town of Plainfield
Posey County EMS	Town of Schererville
Prompt Ambulance Central	Town of St. John
Putnam County Operation Life	Tri-Creek Ambulance Services
QCA, Inc.	Turkey Creek Fire
Randolph County EMS	Wabash FD
Richmond FD	Warren County EMS
Ripley County EMS	Washington Township
Rush Memorial Hospital	Wells County EMS, Inc.
Salem Township EMS	Whiting FD
Scott County EMS	Whitley County EMS
Seals Ambulance Service	Wolcott Ambulance Services
Seelyville Fire	Woodburn FD
Sheridan FD	Zionsville VFD, Inc.
South Bend FD	
Southern Ripley County	
Southwest Fire District	

Trauma Registry Rule Hospital—update

The following hospitals have submitted data to the Indiana Trauma Registry for 2014:

Cameron Memorial	IU Health-Blackford	Parkview Randallia	St. Vincent-Mercy
Clark Memorial	IU Health-Bloomington	Parkview RMC	St. Vincent-Salem
Columbus Regional	IU Health-Goshen	Parkview Whitley	St. Vincent-Williamsport
Community Anderson	IU Health-LaPorte	Perry County Memorial	Sullivan County Community
Community Bremen	IU Health-Methodist	Portage Hospital	Terre Haute Regional
Community East	IU Health-Morgan	Porter-Valparaiso	Union Hospital-Clinton
Community Howard	IU Health-North	Pulaski Memorial	Union Hospital-Terre Haute
Community North	IU Health-Paoli	Putnam County Hospital	Witham Health Services
Community South	IU Health-Riley Hospital	Reid Hospital	Witham at Anson
Daviess Community	IU Health-Tipton	Rush Memorial	Woodlawn Hospital
Deaconess Gateway	IU Health-White Memorial	Schneck Medical Center	
Deaconess Hospital	Jasper County Hospital	Scott County Memorial	
Dearborn County	Jay County Hospital	St. Anthony-Crown Point	
DeKalb Health	Johnson County Hospital	St. Anthony-Michigan City	
Dukes Memorial	King's Daughters' Health	St. Catherine (Charlestown)	
Dupont Hospital	Kosciusko Community	St. Elizabeth-Central	
Elkhart General	Lutheran Hospital	St. Elizabeth-Crawfordsville	
Eskenazi Health	Major Hospital	St. Elizabeth-East	
Floyd Memorial Hospital	Margaret Mary Community	St. Francis-Indianapolis	
Gibson General Hospital	Marion General	St. Francis-Mooresville	
Good Samaritan Hospital	Memorial Hospital (Jasper)	St. Joseph RMC-Mishawaka	
Green County General	Memorial (Logansport)	St. Joseph RMC-Plymouth	
Hancock Regional	Memorial South Bend	St. Margaret-Dyer	
Harrison County	Methodist-Northlake	St. Margaret-Hammond	
Hendricks Regional	Methodist-Southlake	St. Mary-Evansville	
Henry County Memorial	Monroe Hospital	St. Mary-Warrick	
IU Health-Arnett	Parkview Huntington	St. Vincent-Anderson	
IU Health-Ball Memorial	Parkview LaGrange	St. Vincent-Clay	
IU Health-Bedford	Parkview Noble	St. Vincent-Indianapolis	

****NEW**** These rehabilitation hospitals have submitted data to the Indiana Trauma Registry for 2014:

Community Health Network	Community Howard	Rehabilitation Hospital of Fort Wayne	Rehabilitation Hospital of Indianapolis
Franciscan St. Elizabeth			

Eskenazi's 21st Annual Trauma & Critical Care Symposium, October 24

Eskenazi Health's 21st Annual Trauma & Critical Care Symposium is October 24 from 7:15 a.m. to 4:30 p.m. at the Rapp Family Conference Center, Eskenazi Hospital (720 Eskenazi Avenue, Indianapolis, IN 46202). This Symposium is designed to provide physicians, nurses and other health care professionals who care for trauma and critically ill patients with an in-depth look at trauma. Controversial issues as well as advances in diagnosis and management of patients will be discussed in this symposium. Lectures will be presented by national and international faculty who specialize in trauma surgery and critical care.

To register, visit: <http://cmetracker.net/IUPUICME/Login?FormName=RegLoginLive&Eventid=154358>

Trauma Staffing Changes

Ramzi Nimry joined the ISDH Trauma Program as the Trauma System Performance Improvement Manager. He graduated from Indiana University (IUPUI) with a Bachelor of Arts in Communication Studies and a minor in Psychology. He spent three years with Family Social Services Administration, Division of Mental Health and Addiction, and almost two years with the Regenstrief Institute (within the IU Center for Aging Research) prior to joining ISDH.

Ramzi can be reached via email nimry@isdh.in.gov or by phone, 317-234-7321.

Calendar of Events

The Division of Trauma and Injury Prevention calendar of events can be found here: <http://www.in.gov/isdh/26125.htm>

A calendar of educational events from around the state can be found here: <http://www.in.gov/isdh/25966.htm>

Trauma Times Survey

Trauma Times wants your feedback! Please take this short survey to help us serve your needs: <http://www.surveymonkey.com/s/WYY6TRJ>

New Trauma Registry Reports

The Indiana Trauma Registry produces regular reports on a monthly, quarterly and annual basis. In addition, certain ad hoc reports are produced upon request. These reports are archived on our web page and can be accessed at <http://www.in.gov/isdh/25581.htm>.

*William C. VanNess II, M.D.—
State Health Commissioner
Art Logsdon—Assistant Commissioner, Health
and Human Services*

*Katie Gatz—Director
Jessica Skiba—Injury Prevention Epidemiologist
Camry Hess—Database Analyst Epidemiologist
Murray Lawry— EMS Registry Manager
Ramzi Nimry — Trauma System Performance
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